

TANF Eligibility Checklist

Client attested that they are a:

- ☐ Pregnant woman with household income less than 250% of the federal poverty level (FPL)
- ☐ Parent with a dependent he/she is supporting (whether residing with the other parent or not)
- ☐ Family with a child who is residing with a parent or adult caretaker relative whose household income is less than 250% of the federal poverty level (FPL)

Client is in need of:

- ☐ Employment assistance because they are **unemployed**
- ☐ Employment assistance because they are **underemployed**
- ☐ Childcare / Afterschool care
- ☐ Temporary Transportation to employment assistance (i.e. training)
- ☐ Temporary Transportation to current place of employment
- ☐ Childcare-related transportation

Client provided proof of:

- ☐ Eligibility for reduced lunch/child meal vouchers
- ☐ Unemployment documents - income within TANF eligible parameters of FPL chart (See TANF Guidelines)
- ☐ Food Stamps
- ☐ Other proof? _____

Client was referred from:

- ☐ Community Action Against Poverty
- ☐ Local Welfare / Trustee Office
- ☐ Private Industry Council
- ☐ Community Corrections (work release)
- ☐ Dept of Corrections
- ☐ Dept of Workforce Development
- ☐ Family Social Services Administration
- ☐ None/Other (use space provided) _____

I affirm that the checklist is accurate. ***Client Signature:*** _____

Printed Name: _____

PROHIBITED SERVICES TO CLIENTS:

- Medical Assistance of any kind, and
- Cash assistance of any kind
 - Cash
 - Payments
 - Vouchers (transportation is an exception if documentation of purpose is provided – ie, job training, childcare, etc)
 - Any other form of payment designed to meet a family's on-going basic needs - i.e.:
 - Food
 - Clothing
 - Shelter
 - Utilities
 - Household goods
 - Personal care needs
 - General incidental expenses